

**ORIGINAL**

(12/02)

<b>United States Bankruptcy Court</b>		<b>INVOLUNTAR PETITION</b>
<b>Southern District of Texas</b>		
IN RE (Name of Debtor - If Individual: Last, First, Middle)		ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden, and trade names)
Nutrition for Life International, Inc.		
SOC. SEC./TAX I.D. NO. (If more than one, state all.) 65-0863582		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)		MAILING ADDRESS OF DEBTOR (If different from street address)
9101 Jameel Houston, Texas 77040		
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS  Harris County		<b>03-33436-H2-11</b>

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

9101 Jameel, Houston, Texas 77040

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☐ Chapter 7☒ Chapter 11

## INFORMATION REGARDING DEBTOR (Check applicable boxes)

Petitioners believe:

- ☒ Debts are primarily consumer debts
- ☒ Debts are primarily business debts (complete sections A and B)

## TYPE OF DEBTOR

- ☒ Individual ☒ Corporation Publicly Held
- ☒ Partnership ☒ Corporation Not Publicly Held
- ☒ Other: \_\_\_\_\_

## A. TYPE OF BUSINESS (Check one)

- ☒ Professional ☒ Transportation ☒ Commodity Broker
- ☒ Retail/Wholesale ☒ Manufacturing/ ☒ Construction
- ☒ Railroad ☒ Mining ☒ Real Estate
- ☒ Stockbroker ☒ Other

## B. BRIEFLY DESCRIBE NATURE OF BUSINESS

Wholesale of Skin and Health Care Products

## VENUE

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

- ☒ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER  
OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)

Name of Debtor	Case Number	Date
Relationship	District	Judge

ALLEGATIONS  
(Check applicable boxes)

1. ☒ Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).
2. ☒ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.
- 3.a. ☒ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute;
- or
- b. ☒ Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

## COURT USE ONLY

United States Courts  
Southern District of Texas  
FILED

MAR 03 2003

Michael N. Milby, Clerk

If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

F  
(12/02)

<b>United States Bankruptcy Court</b>		<b>INVOLUNTARY PETITION</b>
<b>Southern District of Texas</b>		
IN RE (Name of Debtor - If Individual: Last, First, Middle)  <b>Nutrition for Life International, Inc.</b>	ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden, and trade names)	
SOC. SEC./TAX I.D. NO. (If more than one, state all.) <b>476</b>		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  <b>9101 Jameel Houston, Texas 77040</b>	MAILING ADDRESS OF DEBTOR (If different from street address)	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS   <b>Harris County</b> </div>		

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

**9101 Jameel, Houston, Texas 77040**

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☒ Chapter 7☐ Chapter 11**INFORMATION REGARDING DEBTOR (Check applicable boxes)**

Petitioners believe:

- ☐ Debts are primarily consumer debts
- ☒ Debts are primarily business debts (complete sections A and B)

**TYPE OF DEBTOR**

- ☐ Individual ☐ Corporation Publicly Held
- ☐ Partnership ☒ Corporation Not Publicly Held
- ☐ Other: \_\_\_\_\_

**A. TYPE OF BUSINESS (Check one)**

- ☐ Professional ☐ Transportation ☐ Commodity Broker
- ☒ Retail/Wholesale ☐ Manufacturing/ ☐ Construction
- ☐ Railroad Mining ☐ Real Estate
- ☐ Stockbroker ☐ Other

**B. BRIEFLY DESCRIBE NATURE OF BUSINESS****Network Marketing of Skin and Nutritional  
Health Care Products****VENUE**

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

**PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER  
OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)**

Name of Debtor	Case Number	Date
Relationship	District	Judge

**ALLEGATIONS**

(Check applicable boxes)

1. ☒ Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).
2. ☒ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.
- 3.a. ☒ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute;
- or
- b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

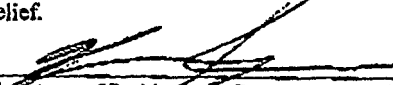
**COURT USE ONLY**

*If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.*

Form 3  
(12/02)Name of Debtor Nutrition for Life International,  
Case No. \_\_\_\_\_  
(court use only)**TRANSFER OF CLAIM**☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X  President  
Signature of Petitioner or Representative (State title)  
**Vitarich Laboratories, Inc.** 2-14-03  
Date Signed

Name of Petitioner

By: Kevin Thomas

Name &amp; Mailing

4365 Arnold Ave


Naples, FL 34104

239-430-2266

Address of Individual

Signing in Representative

Capacity

Same as above**President**X  03/03/03  
Signature of Attorney Date**Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P.**

Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address

(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name &amp; Mailing

Address of Individual

Signing in Representative

Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name &amp; Mailing

Address of Individual

Signing in Representative

Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
<b>Vitarich Laboratories, Inc.</b>	<b>Business Debt</b>	<b>\$1,405,389.12</b>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Form 5  
(12/02)Name of Debtor Nutrition for Life International, Inc.  
Case No. \_\_\_\_\_  
(court use only)

## TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

## REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X [Signature] CEO  
Signature of Petitioner or Representative (State title)

GAR Laboratories, Inc.

Name of Petitioner  
By: Tom Ruffee  
Name & Mailing  
GAR Laboratories, Inc.  
1844 Massachusetts Ave  
Riverside, CA 92507  
909-788-0700

Date Signed

Address of Individual  
Signing in Representative  
CapacitySame as above  
[Signature]X  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
CapacityX  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
CapacityX [Signature] 03/03/03  
Signature of Attorney Date

Gerrit M. Froncke, Thompson, Coe, Cousins &amp; Irons, L.L.P.

Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201Address  
(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

## PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
GAR Laboratories, Inc.	Business Debt	\$29,194.04
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Form 5  
(12/02)Name of Debtor Nutrition for Life International, Inc.  
Case No. \_\_\_\_\_  
(court use only)

## TRANSFER OF CLAIM

- ☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

## REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X [Signature] Owner  
Signature of Petitioner or Representative (State title)

## KAAS Publishing

Name of Petitioner  
By: Keith Schreiter  
Name & Mailing  
917 Oak Grove Dr  
Houston, TX 77058  
281-280-9800  
281-486-0349

Address of Individual \_\_\_\_\_

Signing in Representative  
Capacity \_\_\_\_\_

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative  
Capacity \_\_\_\_\_

X [Signature] 03/03/03  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P.

Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address \_\_\_\_\_

(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No. \_\_\_\_\_

X \_\_\_\_\_  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Name of Attorney Firm (If any)

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

X \_\_\_\_\_  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Name of Attorney Firm (If any)

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

## PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
KAAS Publishing	Business Debt	\$ 27,000 <sup>00</sup>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
		\$27,679.90
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached



## TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(b).

## REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Jana Mitcham  
Signature of Petitioner or Representative (State title)  
Jana Mitcham 2/16/03

Name of Petitioner  
By: Jana Mitcham  
10618 Great Plains Ln  
Houston, TX 77064  
+281-897-9060

Date Signed

Address of Individual 13719 Jarvis Rd  
Signing in Representative Capacity Cypress, TX 77429  
832-515-1950

X Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P. 03/03/03  
Signature of Attorney Date

Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P.  
Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address  
(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

## PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jana Mitcham	<u>Payroll</u>	<u>\$19,230</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jana Mitcham	<u>Retirement Fund</u>	<u>88,000</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div> <p><u>X</u> <u>Jana Mitcham</u> Signature of Petitioner or Representative (State title) <b>Jana Mitcham</b></p> <p>Name of Petitioner By: <b>Jana Mitcham</b> 10618 Great Plains Ln Houston, TX 77064 +281-897-9060 Address of Individual Signing in Representative Capacity</p> </div> <div> <p><u>2/16/03</u> Date Signed</p> <p><u>13719 Jarvis Rd</u> <u>Cypress, TX 77429</u> <u>832-515-1950</u></p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p><u>X</u> <u>Gerrit M. Pronske</u> Signature of Attorney <b>Gerrit M. Pronske, Thompson, Coe, Cousins &amp; Irons, L.L.P.</b></p> <p>200 Crescent Court, 11<sup>th</sup> Floor, Dallas, Texas 75201 Address (214) 871-8200 -- Telephone; (214) 871-8209 -- Telecopier Telephone No.</p> </div> <div> <p><u>03/03/03</u> Date</p> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div> <p><u>X</u> Signature of Petitioner or Representative (State title)</p> <p>Name of Petitioner Date Signed</p> <p>Name &amp; Mailing Address of Individual Signing in Representative Capacity</p> </div> <div> <p><u>X</u> Signature of Attorney Date</p> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Telephone No.</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p><u>X</u> Signature of Petitioner or Representative (State title)</p> <p>Name of Petitioner Date Signed</p> <p>Name &amp; Mailing Address of Individual Signing in Representative Capacity</p> </div> <div> <p><u>X</u> Signature of Attorney Date</p> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Telephone No.</p> </div> </div>	
PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Jana Mitcham	Payroll	\$ 19,230
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

Form 5  
(12/02)

Name of Debtor Nutrition for Life International, Inc.

Case No. \_\_\_\_\_

(court use only)

**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X Gerrit M. Pronske  
Signature of Petitioner or Representative (State title)

**New Paradigm Publishing**

Name of Petitioner  
By: J. Mark Bertrand  
Name & Mailing  
9714 Rayment Cr  
Houston, TX 77065  
281-787-8331  
Address of Individual

2/17/03

Date Signed

Signing in Representative  
Capacity

X Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P. 03/03/03  
Signature of Attorney Date

Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P.

Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address

(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X \_\_\_\_\_  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X \_\_\_\_\_  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
	Business Debt	\$35,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached



## TRANSFER OF CLAIM

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Signature of Petitioner or Representative (State title)

Thomas A. Mitcham (FIR) 16 Feb 03

Name of Petitioner

By: Thomas A. Mitcham

Date Signed

10618 Great Plains Ln

Houston, TX 77064

+281-897-9050

Address of Individual

Signing in Representative Capacity

Signature of Attorney

Date

Gerrit M. Fronske, Thompson, Coe, Cousins & Irons, L.L.P.

Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address

(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative Capacity

Capacity

X

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

X

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative Capacity

Capacity

X

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

## PETITIONING CREDITORS

Name and Address of Petitioner

Thomas A. Mitcham

Nature of Claim

Retirement Incentive

Amount of Claim

1,750.00

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of  
Petitioners' Claims

continuation sheets attached

## TRANSFER OF CLAIM

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David P. Bertrand  
Signature of Petitioner or Representative (State title)

David Bertrand

2/17/03

Name of Petitioner  
By: David Bertrand  
10622 Great Plains Ln  
Houston, TX 77064  
+832-721-0325

Address of Individual

Signing in Representative  
Capacity

Date Signed

Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P.  
Signature of Attorney Date 03/03/03

Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P.  
Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address

(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner Date Signed

Name & Mailing  
Address of Individual  
Signing in Representative  
Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

## PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
	Payroll	\$ 24,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

*David P. Bertrand*

Signature of Petitioner or Representative (State title)

David Bertrand

2/17/03

Name of Petitioner

By: David Bertrand

Date Signed

10622 Great Plains Ln

Houston, TX 77064

+832-721-0325

Address of Individual

Signing in Representative

Capacity

X

*Gerrit M. Prosser, Thompson, Coe, Cousins & Irons, L.L.P.* 03/03/03

Signature of Attorney

Date

Gerrit M. Prosser, Thompson, Coe, Cousins & Irons, L.L.P.  
Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address

(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

X

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

X

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

X

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

## PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
	American Express (co-signature)	\$
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

continuation sheets attached

## TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

## REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

David P. Bertrand  
Signature of Petitioner or Representative (State title)

David Bertrand

2/17/03

Name of Petitioner

By: David Bertrand  
10622 Great Plains Ln  
Houston, TX 77064  
+832-721-0925

Date Signed

Address of Individual

Signing in Representative  
Capacity

Gerrit M. Pronske by 3/3/03  
Signature of Attorney Date

Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P.  
Name of Attorney Firm (If any)

200 Crescent Court, 11<sup>th</sup> Floor,  
Dallas, Texas 75201

Address

(214) 871-8200 - Telephone; (214) 871-8209 - Telecopier

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual  
Signing in Representative  
Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

X  
Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual  
Signing in Representative  
Capacity

X  
Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

## PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
	Retirement account	\$ 100,000.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioners' Claims	

continuation sheets attached